

U.S. DEPARTMENT OF ENERGY
2007 National Science Bowl®
Adult Confidential Medical Information and Emergency Notification Form
(Please fill out the entire 2-page form)

Site/School _____

Name _____ Birth Date _____ Sex: M _____ F _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone () — SS — —

Date of Last Tetanus Shot: _____

Yes	No		If Yes, explain
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—	—	Allergies	_____
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—	—		_____
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—	—	Surgeries	_____
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—	—		_____
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—	—	Food Allergies	_____
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—	—		_____
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—	—	Vegetarian	_____
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—	—		_____
---	---	--	-------

—	—	Physical Needs	_____
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—	—		_____
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—	—	Visual Limitations	_____
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—	—	Prescribed	_____
---	---	------------	-------

—	—	Medications	_____
---	---	-------------	-------

—	—		_____
---	---	--	-------

—	—	Over-the-Counter	_____
		Medications	_____

—	—		_____
---	---	--	-------

—	—	Recent Illness	_____
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—	—		_____
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—	—	Health Insurance	_____
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IF YES PLEASE FILL IN INFORMATION BELOW

HEALTH INSURANCE

<u>Physician</u>	<u>Contact</u>	<u>Insurance</u>
	Name	
()	Phone	()
	Policy #	

CONTACT INFORMATION

<u>Primary</u>	<u>Contact</u>	<u>Secondary</u>
	Name	
()	Phone	()
()	Cell Phone	()
	Relationship	

CONSENT TO MEDICAL CARE AND TREATMENT

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I hereby authorize and consent to the administration of all medical and/or surgical treatment(s) by a licensed physician, nurse or hospital in the event I am not available to consult with the attending physician(s) and the attending physician(s) deem it advisable to proceed with such treatment(s).

(PRINT NAME)

(Signature in Blue Ink)

Date

NO FAX COPIES